

Return form to:

Office of the Court Administrator
Macomb County Judicial Aide
40 north Main, 5th Floor
Mount Clemens, MI 48043
Questions call: (586) 469-5156
Fax: (586) 469-5430

**STATE OF MICHIGAN
MACOMB COUNTY CIRCUIT COURT
CODE OF ETHICS CERTIFICATION**

Interpreter Name: _____ Phone #: _____

Agency Name: _____ Vendor #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Language: _____

I, _____, acknowledge that I have received and read a copy of the *Code of Professional Conduct for Interpreters in Michigan Courts* and subscribe to the following oath:

I solemnly swear or affirm that I will interpret and translate accurately, completely, and impartially, using my best skill and judgment in accordance with the standards of the *Code of Professional Conduct for Interpreters in Michigan Courts* and as prescribed by law. I agree to accept payment only from Macomb County Circuit Court and promise to neither solicit nor accept payment to my interpretation for the Court from any other source than Macomb County. I agree to follow all official guidelines established by this Court for legal interpreting or translating.

Signature of Interpreter

Date

Circuit Court Use Only

Date received: _____

Application on file: ☐ yes ☐ no

Additional forms may be obtained from the Court's website: www.macombcountymi.gov/circuitcourt